

APPLICATION TO THE STATE OF:

Mississippi Commission on CLE, P.O. Box 369, Jackson, MS 39205

1 SPONSORING ORGANIZATION INFORMATION

NAME Public Investors Advocate Bar Association - "PIABA"

ADDRESS 1225 W. Main St., Ste. 126

CITY Norman STATE OK ZIP 73069

TELEPHONE 405-360-8776 FAX 405-360-2063 EMAIL rsringo@piaba.org

2 TITLE OF EDUCATIONAL ACTIVITY

2019 PIABA Securities Law Seminar and Annual Meeting

3 DATE(S)

October 22-25, 2019

LOCATION(S)

Austin, Texas

4 REGISTRATION FEE: 1,400

5 WRITING SURFACE AVAILABLE: ☒ Yes ☐ No

6 METHODS OF PRESENTATION:

- ☒ Faculty in Room with Participants ☐ Telephone to Broadcast Si.
☐ Interactive Video ☐ Satellite
☐ Audio Presentation ☐ Videotape Presentation
☐ Internet On-Demand (Interactive) ☒ Discussion Leader present

7 TYPE OF LAW CODE(S):

(Available for review: <https://www.clereg.org/lawClassifications.asp>)

1. Additional Codes Optional: 2. 3. 4.

DEGREE OF DIFFICULTY: ☐ Beginner ☐ Intermediate ☐ Advanced ☒ All Levels

8 ADVERTISED TO: ☒ Lawyers ☐ Clients ☒ Others (Specify/Indicate %) Paralegals: ☐

9 LIST ANY ADMISSION RESTRICTIONS:

N/A

10 IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability)

Open/Publicized to Outside Lawyers ☐ Yes ☐ No
 Outsiders are _____ % of Faculty & Clients are _____ % of audience
 If not open, please specify reason:

11 METHOD OF EVALUATION: ☒ Participant Critique ☐ Independent Evaluator ☐ None ☐ Other:

12 MATERIALS DESCRIPTION

Total Pages: 500+ ☐ Loose leaf ☐ Bound ☐ No materials supplied
 Distributed: ☒ Before Program ☒ At Program ☒ Other: Electronically

13 REQUIRED ATTACHEMENTS TO THIS APPLICATION:

- a. Time Schedule/Agenda (Brochure, Outline, Description)
 b. Table of Contents
 c. Faculty Description
 d. Complete Set of Materials and Fees (Only in states where required)

APPLICANT INFORMATION (please print)

Sponsor Representative

Name: Robin S. Ringo

Title: Executive Director

Complete the following if filed by individual attorney:

Attorney Name:

Address:

City: State: Zip:

Contact Number:

Email:

14 CREDITS REQUESTED:

Indicate minutes of instruction not including breaks, meals or introductions:

General/Substantive: _____ SEE ATTACHED
 Ethics: _____ ADDENDUM
 Substance Abuse: _____
 Other: _____
 Total: _____

15 ACCREDITATION BY OTHER STATES:

GRANTED: applying 30+
 DENIED: None

16 SUBMITTED BY: ☒ Course Sponsor ☐ Individual Lawyer

Please Complete and sign Applicant Information →

MCLE STATE NOTIFICATION OF ACCREDITATION

To be completed by the MCLE State regulatory agency and returned to applicant.

Course Number: _____ Date: 10/21/19

The following action has been taken on this application:

☒ APPROVED for a total of 18.0* CLE credits
 Including 4.0 Ethics Credits

Other Credit Breakdown: _____
 (if applicable)

☐ NOT APPROVED
 (See comments below or additional information attached.)

☐ RETURNED for the request of additional information.
 Please complete each item on the form as indicated by the numbers circled below.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

☒ OTHER *Regulation 3.8
 Regulator Comments:

*Regulation 3.8 The maximum number of hours which may be claimed for credit in any one seminar is 18.

SIGN HERE

Robin S. Ringo

Date: 9/16/2019